

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0519193

Insp Area: 4

Thos Bros: 277H4

Sub-Type: HSG

Housing (Y/N): Y

Site Address: 713 HAYES AV SAC

Parcel No: 250-0150-034

CONTRACTOR
GW DEMOLITION
2236 Q ST
RIO LINDA CA. 95673

OWNER
SHRA

ARCHITECT

Nature of Work: DEMOLITION OF AN IMMEDIATELY HAZARDOUS STRUCTURE OWNED BY SHRA AND INTENDED FOR REDEVELOPMENT. [IR # 05-584]

CONSTRUCTION LENDING AGENCY : I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name _____ Lender's Address _____

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class A License Number 831594 Date 12/7/05 Contractor Signature [Signature]

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7031.5, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. _____ B & PC for this reason: _____

Date _____ Owner Signature _____

PAID
CITY OF SACRAMENTO
DEC 07 2005

NEW CITY HALL

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date _____ Applicant/Agent Signature _____

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier STATE FUND Policy Number 0773941-2005 Exp Date 10/31/2006

(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 12/7/05 Applicant Signature [Signature]

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.



CITY OF SACRAMENTO
CALIFORNIA

PLANNING & BUILDING DEPARTMENT
PLANNING DIVISION

1231 I STREET, ROOM 200
SACRAMENTO, CA 95814

INVESTIGATION AND REPORT
PRESERVATION REVIEW OF A BUILDING 50 YEARS OF AGE OR OLDER

The applicant is required to provide the following application components:

- Photos: clear color photos, minimum size 3" X 5". The photos should include the front of the building. Additional photos may be requested by staff.
 - \$235.04 : cash, credit card, or checks made payable to City of Sacramento (unless this building is being removed as immediately dangerous then no charge)
 - Reason for demolition: fill in appropriate section below
 - In addition, the applicant is asked to provide any information available related to the age and history of the structure: Fill in appropriate section below.
- Preservation staff will review an application and may require further information from the applicant before deeming the application complete.

SECTION 1: to be completed by the applicant

Applicant Name: (3) Demolition Date: 12/2/05
 Mailing Address: Box 31 Phone: (916) 992-0741
10100A CA 95673 Fax: _____
 Assessor's Parcel #: 0150 014 0000 Existing Zoning: R-1-SPD
 Property Address: 10100A Avenue Existing Land Use: Multi Family
total 6 units

Reason for Demolition: IMMEDIATELY HAZARDOUS AND DANGEROUS
SITRA OWNED STRUCTURE - DEMOLITION IS RELATED
TO A RECONSTRUCTION PROJECT
approved by Randy Stratton - one unit per request

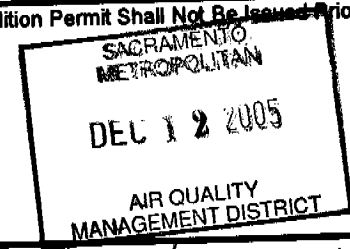
Proposed Land Use after Demolition: vacant

Additional Information: _____

I & R Number: IR 05-584

**SACRAMENTO METROPOLITAN AIR QUALITY MANAGEMENT DISTRICT
ASBESTOS SURVEY AND DEMOLITION NOTIFICATION FORM**

Revised: 1/01

1	Contractor <u>GW Demolition</u>	Owner <u>Sacramento Housing & Redevelopment</u>
	Address <u>P.O. Box 37</u>	Address <u>630 I St.</u>
	City <u>Rip Linda</u>	City <u>Sacramento</u>
	State/Zip <u>CA 95673</u>	State/Zip <u>CA 95814</u>
	Telephone <u>(916) 992-0741</u>	Telephone <u>(916) 440-1399</u>
2	Structure Name <u>Housing Units 2 & 3 B</u>	Use <u>residence</u>
	Address <u>125 Hayes Ave</u>	City/Zip _____
3	Structure Age <u>40⁺</u> (years)	Number of floors: <u>1</u>
		Size <u>740 per unit</u> sq. ft. <u>324 for laundry</u>
4	Has RACM reported by the consultant been removed? (circle) YES <u>NO</u>	
	Asbestos contractor who removed or will remove RACM <u>(ES Environmental)</u> <u>NA Dom</u>	
5	DEMOLITION Start Date <u>12/3/05</u>	Completion Date <u>12/31/05</u>
6	Preference for return of form: <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Pick-Up (after 2 working days)	
7	<i>I have read and understand the directions. The information on this form is true and accurate.</i>	
	Applicant Name (Print) <u>Jamie Nava</u>	<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Contractor
	Applicant's Signature <u>Jamie Nava</u>	Date <u>11/29/05</u>
8	<i>To Be completed by CAL-OSHA Consultant</i>	
	Company Name: _____	Telephone: (____) _____
	Surveyor's Name: _____	Survey Date: ___/___/___ OSHA # _____
	Company Address: _____	City/State/Zip: _____
	Amount of RACM: <input checked="" type="checkbox"/> lineal feet <input checked="" type="checkbox"/> square feet <input checked="" type="checkbox"/> cubic feet	
	Amount of Category I: <u>✓</u>	Amount of Category II: <u>✓</u>
	Analytical Procedure: _____	Date: ___/___/___
	Consultant's Signature: _____	
9	REVISION #: 1 2 3 4 5 6 7 8 9 (Circle)	Demolition Permit Shall Not Be Issued Prior To 
	Old: Start Date ___/___/___ New: Start Date ___/___/___	
	Old: Completion Date ___/___/___ New: Completion Date ___/___/___	

SMAQMD USE ONLY: Project # _____

Check # 17966 Receipt # 49531 Amount Paid \$495 Staff Jm Date Approved 12/1/05

Received Date/Postmark: 11/29/05

**SACRAMENTO METROPOLITAN AIR QUALITY MANAGEMENT DISTRICT
ASBESTOS SURVEY AND DEMOLITION NOTIFICATION FORM**

Revised: 1/01

1	Contractor <u>GW Demolition</u> Address <u>P.O. Box 37</u> City <u>Rio Linda</u> State/Zip <u>CA 95673</u> Telephone <u>(916) 992-0741</u>	Owner <u>Sacramento Housing & Redevelopment</u> Address <u>630 I St.</u> City <u>Sacramento</u> State/Zip <u>CA 95814</u> Telephone <u>(916) 440-1399</u>
2	Structure Name <u>Housing unit #5</u> Address <u>725 Hayes Ave</u>	Use <u>residence</u> City/Zip <u>Sacramento 95836</u>
3	Structure Age <u>40+</u> (years)	Number of floors: <u>1</u> Size <u>740</u> sq. ft.
4	Has RACM reported by the consultant been removed? (circle) YES <u>NO</u> N/A Asbestos contractor who removed or will remove RACM <u>CES Environmental</u>	
5	DEMOLITION Start Date <u>12/13/05</u> Completion Date <u>12/31/05</u>	
6	Preference for return of form: <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Pick-Up (after 2 working days)	
7	I have read and understand the directions. The information on this form is true and accurate.	
7	Applicant Name (Print) <u>Jamie Nava</u> <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Contractor Applicant's Signature <u>Jamie Nava</u> Date <u>11/29/05</u>	
8	To Be completed by CAL-OSHA Consultant	
8	Company Name: _____ Telephone: (____) _____ Surveyor's Name: _____ Survey Date: ____/____/____ OSHA # _____ Company Address: _____ City/State/Zip: _____ Amount of RACM: _____ lineal feet _____ square feet _____ cubic feet Amount of Category I: <u>4667</u> Amount of Category II: _____ Analytical Procedure: _____ Consultant's Signature: _____ Date: ____/____/____	
9	REVISION #: 1 2 3 4 5 6 7 8 9 (Circle) Old: Start Date ____/____/____ New: Start Date ____/____/____ Old: Completion Date: ____/____/____ New: Completion Date: ____/____/____	Demolition Permit Shall Not Be Issued Prior To <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> SACRAMENTO METROPOLITAN DEC 12 2005 AIR QUALITY MANAGEMENT DISTRICT </div>

SMAQMD USE ONLY: Project # _____
 Check # 17866 Receipt # 47531 Amount Paid \$935 Staff JM Date Approved 12/1/05

Received Date/Postmark: 11/29/05

**SACRAMENTO METROPOLITAN AIR QUALITY MANAGEMENT DISTRICT
ASBESTOS SURVEY AND DEMOLITION NOTIFICATION FORM**

Revised: 1/01

1	Contractor <u>GW Demolition</u> Address <u>P.O. Box 37</u> City <u>Rio Linda CA 95673</u> State/Zip <u>CA 95673</u> Telephone <u>(916) 992-0741</u>	Owner <u>Sacramento Housing Redevelopment</u> Address <u>6301 Street</u> City <u>Sacramento</u> State/Zip <u>Ca 95813 95814</u> Telephone <u>(916) 440-1399</u>
2	Structure Name <u>Housing Units 1400</u> Use <u>Residence</u> Address <u>725 Bridges Ave</u> City/Zip <u>Sacramento 95838</u>	
3	Structure Age <u>40⁺</u> (years) Number of floors: <u>1</u> Size <u>740 ea</u> sq. ft.	
4	Has RACM reported by the consultant been removed? (circle) YES <input type="radio"/> NO <input checked="" type="radio"/> N/A <input checked="" type="radio"/> Asbestos contractor who removed or will remove RACM <u>CES Environmental</u>	
5	DEMOLITION Start Date <u>12/13/05</u> Completion Date <u>12/31/05</u>	
6	Preference for return of form: <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Pick-Up (after 2 working days)	
7	<i>I have read and understand the directions. The information on this form is true and accurate.</i> Applicant Name (Print) <u>Crystal Smith</u> <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Contractor Applicant's Signature <u>Crystal Smith</u> Date <u>11/29/05</u>	
8	<i>To Be completed by CAL-OSHA Consultant</i>	
Company Name: _____ Telephone: (____) _____		
Surveyor's Name: _____ Survey Date: ____/____/____ OSHA # _____		
Company Address: _____ City/State/Zip: _____		
Amount of RACM: _____ lineal feet _____ square feet _____ cubic feet		
Amount of Category I: <u>4667</u> Amount of Category II: _____		
Analytical Procedure: _____		
Consultant's Signature: _____ Date: ____/____/____		
9	REVISION #: 1 2 3 4 5 6 7 8 9 (Circle) Old: Start Date ____/____/____ New: Start Date ____/____/____ Old: Completion Date: ____/____/____ New: Completion Date: ____/____/____	Demolition Permit Shall Not Be Issued Prior To <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">SACRAMENTO METROPOLITAN DEC 12 2005 AIR QUALITY MANAGEMENT DISTRICT</div>

SMAQMD USE ONLY: Project # _____ Received Date/Postmark: 11/29/05
Check # 17866 Receipt # 4331 Amount Paid 4435 Staff JM Date Approved 12/1/05

**SACRAMENTO METROPOLITAN AIR QUALITY MANAGEMENT DISTRICT
ASBESTOS SURVEY AND DEMOLITION NOTIFICATION FORM**

Revised: 1/01

1	Contractor <u>GW Demolition</u> Address <u>P.O. Box 37</u> City <u>Rip Linda</u> State/Zip <u>Ca 95673</u> Telephone <u>(916) 992-0741</u>	Owner <u>Sacramento Housing & Redevelopment</u> Address <u>630 I St.</u> City <u>Sacramento</u> State/Zip <u>Ca 95814</u> Telephone <u>(916) 440-1319</u>
2	Structure Name <u>Housing Unit #4</u> Address <u>125 Hayes Ave</u>	Use <u>residence</u> City/Zip <u>Sacramento 95638</u>
3	Structure Age <u>40+ A</u> (years)	Number of floors: <u>1</u> Size <u>740</u> sq. ft.
4	Has RACM reported by the consultant been removed? (circle) YES (NO) N/A Asbestos contractor who removed or will remove RACM <u>CES Environmental</u>	
5	DEMOLITION Start Date <u>12/31/05</u> Completion Date <u>12/31/05</u>	
6	Preference for return of form: <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Pick-Up (after 2 working days)	
7	I have read and understand the directions. The information on this form is true and accurate.	
7	Applicant Name (Print) <u>Jamie Nava</u> <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Contractor Applicant's Signature <u>Jamie Nava</u> Date <u>11/29/05</u>	
8	To Be completed by CAL-OSHA Consultant	
8	Company Name: _____ Telephone: (____) _____ Surveyor's Name: _____ Survey Date: ____/____/____ OSHA # _____ Company Address: _____ City/State/Zip: _____ Amount of RACM: _____ lineal feet <u>80 A</u> square feet _____ cubic feet Amount of Category I: <u>797 A</u> Amount of Category II: _____ Analytical Procedure: _____ Consultant's Signature: _____ Date: ____/____/____	
9	REVISION #: 1 2 3 4 5 6 7 8 9 (Circle) Old: Start Date ____/____/____ New: Start Date ____/____/____ Old: Completion Date: ____/____/____ New: Completion Date: ____/____/____	Demolition Permit Shall Not Be Issued Prior To <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> SACRAMENTO METROPOLITAN DEC 12 2005 AIR QUALITY MANAGEMENT DISTRICT </div>

SMAQMD USE ONLY: Project # _____
 Check # 17866 Receipt # 47531 Amount Paid \$435 Staff JM Date Approved 12/1/05

Received Date/Postmark: 11/29/05

**CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION
www.cityofsacramento.org**

2 INSPECTION PERMIT

Approval by the following City Departments must be obtained prior to the issuance of wrecking permit by the Building & Planning Department. Design Review approval required on all wrecking permits in Central City or Alhambra Blvd. Corridor prior to sewer disconnect permit being issued.

Address: 713 Hayes Avenue A.K.A. 725 Hayes Avenue
 Owner: _____

Design Review/Planning 1231 I Street, Room 200 (916) 808-5656- Helpline Selection 3 X: _____	Housing & Dangerous Buildings 1231 I Street, Room 200 (916) 808-5404 X: <u>C.S.</u>
Dept of Utilities (All) 1395 35 th Ave (916) 808-5371 X: <u>N/A</u>	Fire Department (All) 5770 Freeport Blvd, Suite 200 (919) 433-1692 X: <u>[Signature]</u>
Traffic Engineer (Commercial) 1000 I Street, Suite 170 (916) 808-5307 X: <u>N/A</u>	Arborist/Tree Service (Downtown & Commercial Bldgs.) Call for Appointment 5730 24 th Street (916) 433 6345 X: <u>N/A</u>

1. Route to Planning and Fire
2. Sewer Disconnect after calling 808-5371 Kill Tap Bring Permit (signed off by Plumbing Inspector) back to the Building Dept. to apply for a Wrecking Permit.
*Unless City Awarded Contract
3. Commercial buildings are required to have an Asbestos Form and are not to be issued before Air Quality Date is on the Asbestos Form (bottom right corner).

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